

**AMBULANCE REVENUE AND COST REPORT**

**GENERAL INFORMATION AND CERTIFICATION**

Legal Name of Company: Emergency Medical Transport, Inc. CON No.: 75  
DBA (Doing Business As): American Ambulance Phone: (800) 352-2309  
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258  
Mailing Address (If Different): \_\_\_\_\_  
Owner/Manager: Rural/Metro Corporation  
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. \_\_\_\_\_  
Report for Period: From: January 1, 2013 To: December 31, 2013  
Method of Valuing Inventory: LIFO ( ) FIFO (X) Other (Explain):

**Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.**

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

John P. Karolzak  
Chief Relations Officer

Date: 6-4-14

Mail to:

Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

Revised August 2013

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# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**      **FROM: 1/1/13**      **TO: 12/31/13**

**STATISTICAL SUPPORT DATA**

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4)  <b>TOTALS</b>
01	Number of ALS Billable Transports:	0	0	0	0
02	Number of BLS Billable Transports:	0	0	2,628	2,628
03	Number of Loaded Billable Miles:	0	0	25,879	25,879
04	Waiting Time (Hr. & Min.):	0.0	0.0	29.8	29.8
05	Cancelled (Non-billable) Runs:				50 *
					Number
	<b>Volunteer Services: (OPTIONAL)</b>				<b>Donated Hours</b>
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

\*\*This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

\* Number shown is total number of calls minus number of transports

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
	<b>Operating Revenue:</b>		<b>\$2,572,634</b>
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	
	<b>Less:</b>		
02	AHCCCS Settlement.....		(\$416,138)
03	Medicare Settlement.....		(\$352,423)
04	Contractual Discounts.....	Pg 7 Ln 22	\$0
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		\$0
07	Total.....		<b>(\$768,561)</b>
			<b>\$1,804,073</b>
08	Net Revenue from Ambulance Runs.....		
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	\$0
			<b>\$1,804,073</b>
10	Total Operating Revenue.....		
	<b>Ambulance Operating Expenses:</b>		
11	Bad Debt (Includes Subscription Services Bad Debt)		\$233,319
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$409,879
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$53,072
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$30,163
15	Other Operating Expenses.....	Pg 6 Ln 28	\$171,748
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$115,559
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
			<b>\$1,013,741</b>
18	Total Operating Expenses.....		
			<b>\$790,332</b>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		
	<b>Other Revenues/Expenses:</b>		
20	Other Operating Revenue and (Expenses) .....	Pg 9 Ln 17	\$2,446
21	Non-Operating Revenue and (Expenses) .....		\$0
22	Non-Deductible Expenses (Schedule Attached).....		\$909
			<b>\$2,446</b>
23	Total Other Revenue/Expenses.....		
			<b>\$792,778</b>
24	Ambulance Service Income (Loss) - Before Income taxes		
	<b>Provision for Income Taxes:</b>		
25	Federal Income Taxes.....		\$269,545
26	State Income Tax.....		\$55,494
			<b>\$325,039</b>
27	Total Income Tax.....		
			<b>\$467,739</b>
28	Ambulance Service - Net income (Loss)		

Note: See the two Notes to this Statement of Income reported on ARCR page "Notes"

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$360,090 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Non-Deductible Expenses:		
22.1	Contributions	<u>\$909</u>
22.2		<u>          </u>
22.3		<u>          </u>
22.4		<u>          </u>
22.5		<u>          </u>
22.6		<u>          </u>
22.7		<u>          </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$909</u>

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**      **FROM: 1/1/13**      **TO: 12/31/13**

## ROUTINE OPERATING REVENUE

**Line  
No.**

### DESCRIPTION

#### **Ambulance Service Routine Operating Revenue:**

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	0	=	\$ 0
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,628	=	\$ 2,010,835
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	25,879	=	\$ 460,868
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	29.8	=	\$ 5,697
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 95,234
6	Nurses Charges		\$ 0
7	Total		\$ 2,572,634
8	Standby Revenue (Attach Schedule)		\$ 0
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>		<b>\$ 2,572,634</b>

#### **Cost of Goods Sold: (Medical Supplies)**

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	N/A
14	Less Inventory at End of Year	
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>	<b>\$ 30,163 *</b>

\* The disposable medical supplies are expensed as used and are not inventoried by CON

# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: American Ambulance**

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## **WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	<b>Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)</b>	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Fringe Benefits.....		\$0
04	Total.....	0.0	\$0
05	<b>Gross Wages - MANAGEMENT (Attach Schedule II).....</b>	0.6	\$33,373
06	Payroll Taxes.....		\$2,680
07	Employee Fringe Benefits.....		\$3,418
08	Total.....	0.6	\$39,472
<b>Gross Wages - AMBULANCE PERSONNEL</b>			
(Attach schedule II):			
		<b>**Casual Labor</b>	<b>Wages</b>
09	Paramedic, EMT-I, and AEMT.....	\$0	0.0
10	Emergency Medical Technician (EMT).....		9.0
11	Nurses.....		0.0
12	Payroll Taxes.....		\$16,840
13	Employee Fringe Benefits.....		\$21,475
14	Total.....	9.0	\$247,979
<b>Gross Wages - OTHER PERSONNEL (Attach Schedule II):</b>			
15	Dispatch.....	0.6	\$21,271
16	Mechanics.....	0.2	\$8,324
17	Office and Clerical.....	1.0	\$32,335
18	Other.....	1.0	\$41,582
19	Payroll Taxes.....		\$8,314
20	Employee Fringe Benefits.....		\$10,603
21	Total.....	2.8	\$122,429
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....	12.4	\$409,879

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

\*\* The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/13**                      **TO: 12/31/13**

### **GENERAL AND ADMINISTRATIVE EXPENSES**

Line No.	DESCRIPTION		
	<b>Professional Services:</b>		
01	Legal Fees	\$0	
02	Collection Fees	\$9,600	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$11,579	
06	Total.....		<b>\$21,180</b>
	<b>Travel and Entertainment:</b>		
07	Meals and Entertainment.....	\$1,083	
08	Transportation - Other Company Vehicles.....	\$11,253	
09	Travel.....	\$451	
10	Other: Lodging.....	\$271	
11	Total.....		<b>\$13,058</b>
	<b>Other General and Administrative:</b>		
12	Office Supplies.....	\$2,643	
13	Postage.....	\$2,759	
14	Telephone.....	\$6,073	
15	Advertising.....	\$108	
16	General Liability Insurance.....	\$647	
17	Dues and Subscriptions.....	\$705	
18 a	Other (Schedule Attached).....	(\$61,568)	
18 b	Other: Corporate Support Services.....	\$67,466	
19	Total.....		<b>\$18,833</b>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<b>\$53,072</b>



## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$0
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$2,533
5.4	Other (did not fit any other line item)	\$9,046
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$11,579</u>

Other General and Administrative:		
18.a.1	Public Relations.....	\$117
18.a.2	Printing.....	\$1,618
18.a.3		
18.a.4		
18.a.5		
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases	<u>(\$63,302)</u>
18.a	Total.....Page 5, Other General & Administrative.	<u>(\$61,568)</u>

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/13**                      **TO: 12/31/13**

### **OTHER OPERATING EXPENSES**

Line No.	DESCRIPTION		
	<b>Depreciation and Amortization:</b>		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$25,673	
02	Amortization.....	\$0	
03	Total.....		<b>\$25,673</b>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13)		<b>\$45,489</b>
	<b>Building/Station Expense:</b>		
05	Building & Cleaning Supplies.....	\$2,255	
06	Utilities.....	\$9,827	
07	Property Taxes.....	\$12,074	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$4,247	
10	Other (Attach Schedule).....		
11	Total.....		<b>\$28,404</b>
	<b>Vehicle Expense - Ambulance Units:</b>		
12	Licenses / Registration.....	\$1,008	
13	Fuel.....	\$34,480	
14	General Vehicle Service & Maintenance.....	\$25,032	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$4,259	
17	Other: Tires	\$1,295	
18	Total.....		<b>\$66,075</b>
	<b>Other Expenses:</b>		
19	Dispatch.....	\$0	
20	Education / Training.....	\$315	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	(\$1,030)	
23	Maintenance Contracts.....	\$5,532	
24	Minor Equipment - Not Capitalized.....	\$1,291	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule) .....		
27	Total.....		<b>\$6,108</b>
28	Total Other Operating Expenses (To Page 2, Line 15)		<b>\$171,748</b>

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Ambulance

**FOR THE PERIOD**

**FROM:** 1/1/13

**TO:** 12/31/13

**DETAIL OF CONTRACTUAL ALLOWANCES**

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
01	n/a				
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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22					
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24					
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27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43	ALLOWANCE TOTAL To Page 2 Line 4	0	\$0		\$0

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13**

## SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	<u>\$8,102</u>
	LESS:	
02	AHCCCS Settlement .....	<u>(\$1,377)</u>
03	Medicare Settlement .....	<u>(\$1,132)</u>
04	Subscription Service Settlements .....	<u>(\$1,874)</u>
05	Subscription Service Bad Debt .....	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$4,383)</u>
07	Net Revenue from Subscription Service Runs .....	<u>\$3,719</u>
08	Sales of Subscription Contracts (To Page 2 Line 9) .....	<u>\$0</u>
09	Other Revenue (Attach Schedule) .....	<u>\$0</u>
10	Total Subscription Service Revenue .....	<u><u>\$3,719</u></u>
	<b>Direct Expenses Incurred Selling Subscription Contracts:</b>	
11	Salaries/Wages .....	<u>\$0</u>
12	Payroll Taxes .....	<u>\$0</u>
13	Employee Fringe Benefits .....	<u>\$0</u>
14	Professional Services .....	<u>\$0</u>
15	Contract Labor .....	<u>\$0</u>
16	Travel .....	<u>\$0</u>
17	Other General & Administrative Expenses .....	<u>\$0</u>
18	Depreciation/Amortization .....	<u>\$0</u>
19	Rent/Lease .....	<u>\$0</u>
20	Building/Station Expenses .....	<u>\$0</u>
21	Transportation-Vehicles .....	<u>\$0</u>
22	Other (Not Classified Above and Misc) .....	<u>\$0</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$0</u></u>

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/13**                      **TO: 12/31/13**

## **OTHER OPERATING REVENUES AND EXPENSES**

Line No.	<b><u>DESCRIPTION</u></b>	
	<b>Other Operating Revenues:</b>	
01	Supportive Funding - Local (Attach Schedule) .....	
02	Grant Funds - State (Attach Schedule) .....	
03	Grant Funds - Federal (Attach Schedule) .....	
04	Grant Funds - Other (Attach Schedule) .....	
05	Patient Finance Charges .....	
06	Patient Late Payment Charges .....	
07	Interest Earned - Related Person/Organization .....	
08	Interest Earned - Other .....	
09	Interest Income and Miscellaneous Revenue .....	\$2,488
10	Gain On Sale of Operating Property .....	0
11	Other: .....	
12	Total Other Operating Revenues	<u>\$2,488</u>
	<b>Other Operating Expenses:</b> .....	
13	(Loss) On Sale of Operating Property .....	(\$42)
14	Other: .....	
15	Other: .....	
16	Total Other Operating Expenses .....	<u>(\$42)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>\$2,446</u></u>

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$				\$						
02													
03													
04													
05													
06													
07	Total		\$				\$					\$	N/A
												1	2

\* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**

**FROM: 1/1/13**

**TO: 12/31/13**

## SCHEDULE II DETAIL OF SALARIES / WAGES

### Management, Ambulance Personnel, Other Personnel

Line

No. Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	METHOD OF COMPENSATION		
				Hourly Wage	Annual Salary	\$'s per Run or Shift
		Various Local Management	40 Hours a week	x	x	N/A
		Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:					
		Paramedic	56/48/40 hours/week	x		N/A
		EMT	56/48/40 hours/week	x		N/A
		Nurse	56/48/40 hours/week	x		N/A
03	OTHER PERSONNEL					
		Various Support Staff	40 Hours a week	x	x	N/A

# **AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## **SCHEDULE III**

### **DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)**

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$142
03										
04	Ambulances	Various	100%	\$24,438	SL	Various	\$0	\$9,933	\$24,438	
05	Accessorial Equipment	Various	100%	\$6,925	SL	Various	\$0	\$138	\$6,925	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	<b>SUBTOTAL</b>			<b>\$31,363</b>				<b>\$10,071</b>		<b>\$142</b>

\* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13  
Ln 19, Col I

To Pg 13  
Ln 19, Col K

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.



# **AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: American Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## **SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)**

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$44,218
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$1,129
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$1,544		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$14,058		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$15,602		\$45,346
19	SUBTOTAL (from Pg 12 Ln 20)		\$31,363		\$31,363				\$10,071		\$142
20	SUM of Ln 18 and 19		\$31,363		\$31,363			\$0	\$25,673		\$45,489

To Pg 6, Ln 01 To Pg 6, Ln 04

\* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: American Ambulance**

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## **Schedule IV DETAIL OF INTEREST**

Line No.	Description	(1)	(2)		(3)	(4)		(5)
		Interest Rate	Beg. of Period	End of Period	Related Persons or Organizations	Interest Expense	Other	
	<u>Service Vehicles &amp; Accessorial Equipment</u>							
	<u>Name of payee:</u>							
01		%	\$	\$		\$		
02								
03								
04								
	<u>Communications Equipment</u>							
	<u>Name of Payee:</u>							
05		%	\$	\$		\$		
06								
07								
	<u>Other Property &amp; Equipment</u>							
	<u>Name of Payee:</u>							
08		%	\$	\$		\$		
09								
10								
	<u>Working Capital</u>							
	<u>Name of Payee:</u>							
11	Various - See Audited Financials	Various	In Corp Balances	\$	0	\$115,559		
12								
13								
	<u>Other</u>							
	<u>Name of Payee:</u>							
14		%	\$	\$		\$		
15	<u>TOTAL</u>		N/A	N/A	0	\$115,559		
							(To Pg 2 Cl 2 Ln 16)	

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

**FOR THE PERIOD**                      **FROM: 1/1/13**                      **TO: 12/31/13**

**BALANCE SHEET**

Current audited financial statements may be submitted in lieu of the Balance Sheet

**ASSETS**

**CURRENT ASSETS**

01	Cash	\$	_____
02	Accounts receivable		_____
03	Less: Allowance for doubtful accounts		_____
04	Inventory		_____
05	Prepaid expenses		_____
06	Other current assets		_____
07	TOTAL CURRENT ASSETS		_____
08	PROPERTY & EQUIPMENT		
09	Less: Accumulated depreciation (see ACR p. 12)		_____
10	OTHER NONCURRENT ASSETS		_____
11	TOTAL ASSETS	\$	*

**LIABILITIES & EQUITY**

**CURRENT LIABILITIES**

12	Accounts payable	\$	_____
13	Current portion of notes payable		_____
14	Current portion of long term debt		_____
15	Deferred subscription income		_____
16	Accrued expenses and other		_____
17	_____		_____
18	_____		_____
19	TOTAL CURRENT LIABILITIES		_____
20	NOTES PAYABLE		_____
21	LONG TERM DEBT OTHER		_____
22	TOTAL LONG-TERM DEBT	\$	_____

**EQUITY AND OTHER CREDITS**

	Paid-in capital:		
23	Common stock	\$	_____
24	Paid-in capital in excess of par value		_____
25	Contributed capital		_____
26	Retained Earnings		_____
27	_____		_____
28	_____		_____
29	Fund balances		_____
30	TOTAL EQUITY	\$	_____
31	TOTAL LIABILITIES & EQUITY	\$	*

\*See enclosed Consolidated Annual Audited Financial Statements

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: American Ambulance**

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

## STATEMENT OF CASH FLOWS

### OPERATING ACTIVITIES

01	Net (loss) income	\$	_____
	Adjustments to Reconcile Net Income To Net		
	<u>Cash Provided by Operating Activities:</u>		
02	Depreciation expense		_____
03	Deferred income tax		_____
04	Loss (gain) on disposal of Property and Equipment		_____
	<u>(Increase) Decrease in:</u>		
05	Accounts receivable		_____
06	Inventories		_____
07	Prepaid expenses		_____
	<u>(Increase) Decrease in:</u>		
08	Accounts payable		_____
09	Accrued expenses		_____
10	Deferred subscription income		_____
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$	_____

### INVESTING ACTIVITIES:

12	Purchases of property and equipment	\$	_____
13	Proceeds from disposal of property and equipment		_____
14	Purchases of investments		_____
15	Proceeds from disposal of investments		_____
16	Loans made		_____
17	Collections on loans		_____
18	Other _____		_____
19	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$	_____

### FINANCING ACTIVITIES:

	<u>New borrowings:</u>		
20	Long-term	\$	_____
21	Short-term		_____
	<u>Debt reduction:</u>		
22	Long-term		_____
23	Short-term		_____
24	Capital contributions		_____
25	Dividends paid		_____
26	NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	\$	_____
27	NET INCREASE (DECREASE) IN CASH	\$	_____*
28	CASH AT THE BEGINNING OF YEAR	\$	_____
29	CASH AT END OF YEAR	\$	_____

### SUPPLEMENTAL DISCLOSURES:

	<u>Noncash investing and financing transactions:</u>		
30	_____	\$	_____
31	_____	\$	_____
32	_____	\$	_____
33	Interest paid (net of amounts capitalized)	\$	_____
34	Income taxes paid	\$	_____

\*See enclosed Consolidated Annual Audited Financial Statements